

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i> Town		County <i>Hughes</i>		MARYLAND	
Date of death 1907	Month <i>Jan</i>	Day <i>18</i>	Age <i>6</i> Years	Months <i>1</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cardiff</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm. Barrett</i>			Father's Birthplace <i>Cardiff</i>		
Mother's Maiden Name <i>Leah Barrett</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>low action</i>	<i>153</i>	How long
Immediate <i>+ und breathing</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>DW. Arthur</i>	
	Address <i>Cardiff Md</i>	
Accident or Suicide?		

(2)



Name
in
Full

Chas Wm Bellinger

CERTIFICATE OF DEATH

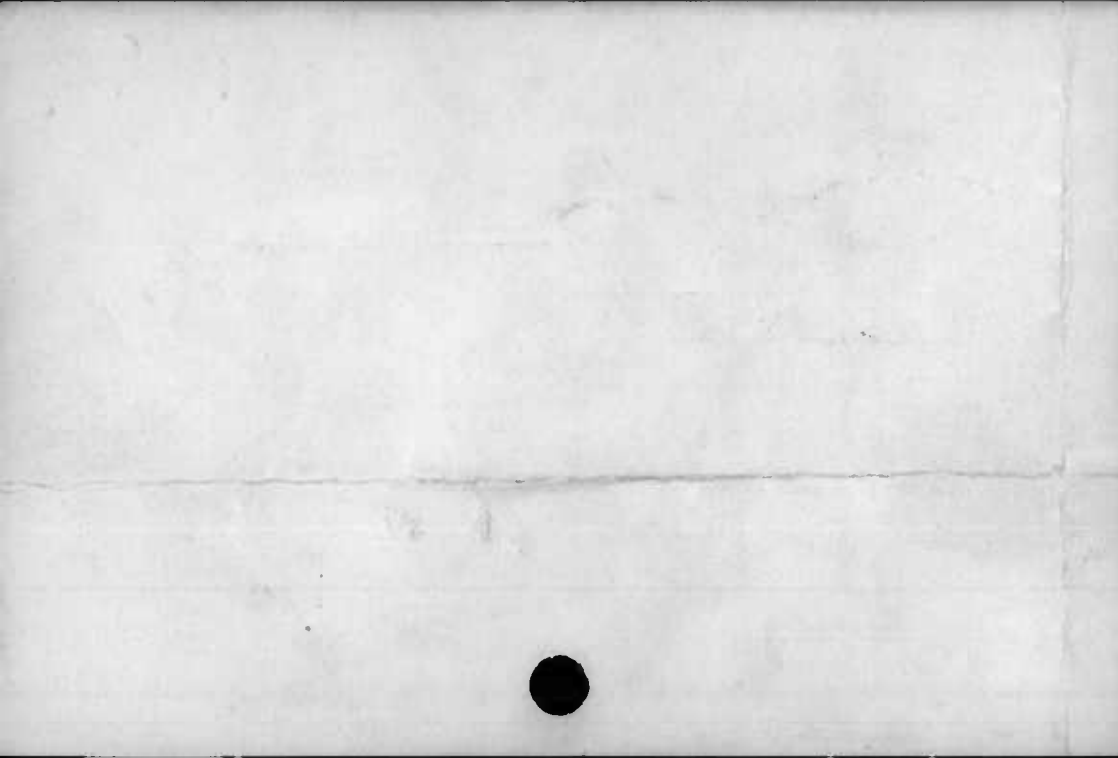
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Joppa</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1907	Month	6	Day	13
Age		Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Joppa Md
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Chas Bellinger		Father's Birthplace	Md
Mother's Maiden Name		Mary Campbell		Mother's Birthplace	Harford Co
Name of person giving information		Chas Bellinger		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leutition	How long	(92)
Immediate	Enterobal Pneumonia	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Chas W. Pratt	
		Address	
		Edgewood Md	
Accident or Suicide?			



Name
in
Full

Harriell Bowser

CERTIFICATE OF DEATH

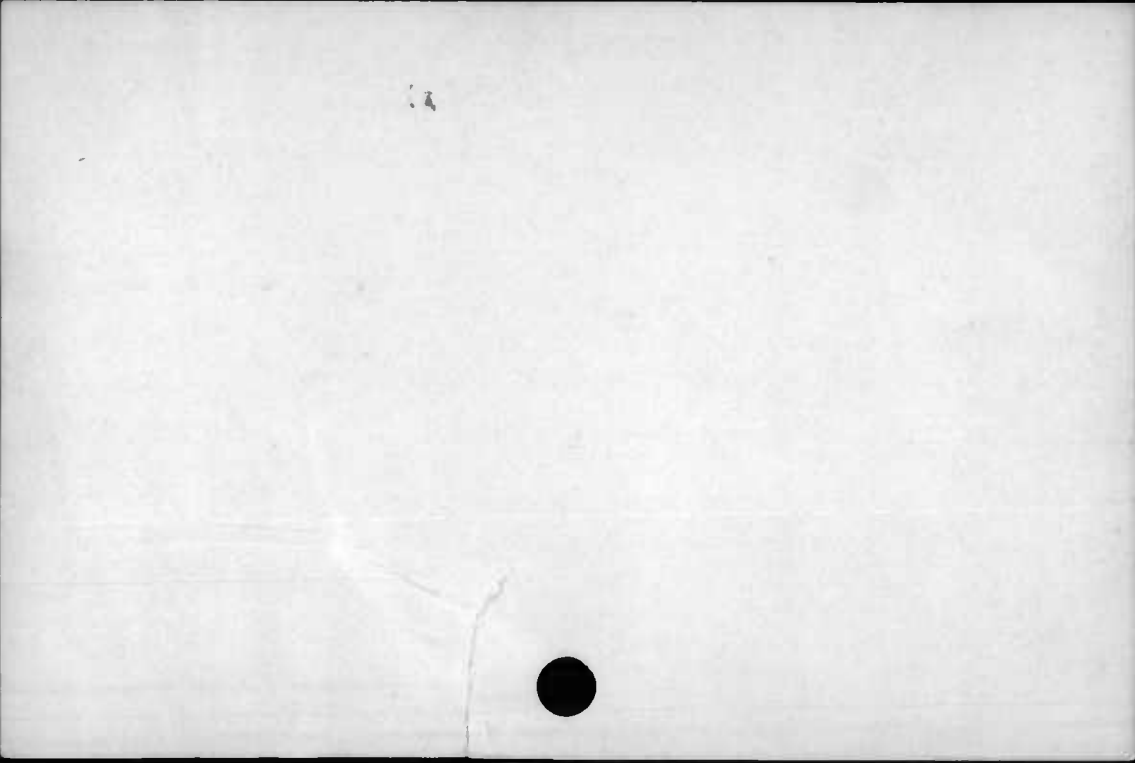
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pen Grove</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1907 June 15</i>		Month <i>June</i>		Day <i>15</i>		Age <i>45</i>	
Sex <i>Female</i>		Color or Race <i>Col</i>		Birth-place <i>Baskinville</i>			
Occupation <i>Housework</i>		Where Residing if not at place of death					
Married, <i>Yes</i>		Name of Wife or Husband <i>Robert Bowser</i>					
Father's Name <i>John Christy</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Garnett Christy</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Robert Bowser</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Central Hemorrhage</i>		How long <i>64</i>	
Immediate <i>Paralysis</i>		How long <i>5 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. S. Kennedy</i>	
		Address <i>Abundant Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		June	12	1	1		22
Sex	Color or Race	Birth-place					
Male	Black	MD					
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Ben Coy				MD			
Mother's Maiden Name				Mother's Birthplace			
Aimee Lee				MD			
Name of person giving information				How related to deceased			
Ben Coy				Father			

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Henson Will

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Jose E Cullen*

Town

County

Died at

*Stepney**Hanford*

Date

Month

Day

Years

Months

Days

of death *1907**6**22*

Age

*67**2**16*

Sex

*Male*Color or
Race*white*Birth-
place*Md*

Occupation

*Carpenter*Where Residing if not
at place of death*Stepney*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mrs. E. Cullen*Father's
Name*George Cullen*Father's
Birthplace*Md.*Mother's
Maiden Name*Hannah J. Walker*Mother's
Birthplace*Md.*Name of person giving
In formation*C. A. Kitley*How related
to deceased*son*

CAUSES OF DEATH

Primary

*Gen. Debility**(179)*

How long

3 wks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*J. H. Otis*

Address

Prigman

Accident or Suicide?

White

Abner

Me

Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Grant M. Dawson Town Street County Harford MARYLAND

Died at Street Date of death 1907 Month 6 Day 16 Age 40 Years Months Days

Sex Male Color or Race White Birth-place Md.

Occupation Fanner Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband Sarah J. Dawson

Father's Name Edward B. Dawson Father's Birthplace Pa

Mother's Maiden Name Sarah E. Harvey Mother's Birthplace Pa

Name of person giving information Edward E. Dawson How related to deceased Brother

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary Tuberculosis How long 2 years -

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician C. W. Fannous Address Street and.

Accident or Suicide?

Ascension

June. 19-07

Name
in
Full

Alice Anna Hollingsworth.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

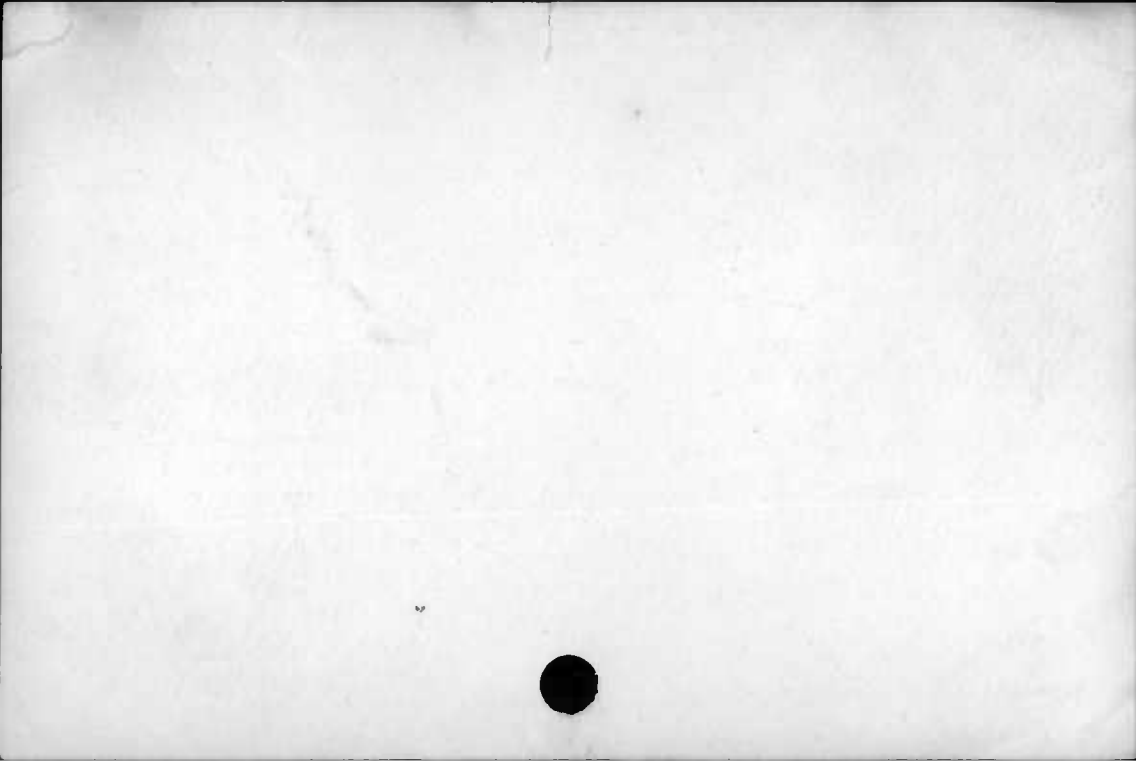
Died at <u>Wheat</u> Town		<u>Harpard</u> County		MARYLAND	
Date of death 190 <u>7</u> Month <u>6</u>		Day <u>5</u>	Age <u>45</u> Years	Months	Days <u>10</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lancaster Co., Pa.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Home</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Barclay S. Hollingsworth</u>				
Father's Name <u>Cooper Stubbs</u>	Father's Birthplace <u>Lancaster Co., Pa.</u>				
Mother's Maiden Name <u>Anna Carter</u>	Mother's Birthplace <u>do</u>				
Name of person giving information <u>Curtis A. Hollingsworth</u>	How related to deceased <u>son</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pregnancy</u>	How long <u>(138)</u>
Immediate <u>Arterial Poisoning</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Y 20</u>	Signature of Physician <u>C. Hollingsworth</u>
	Address

Accident or Suicide?



Name
in
Full

Steward Hornberger

CERTIFICATE OF DEATH

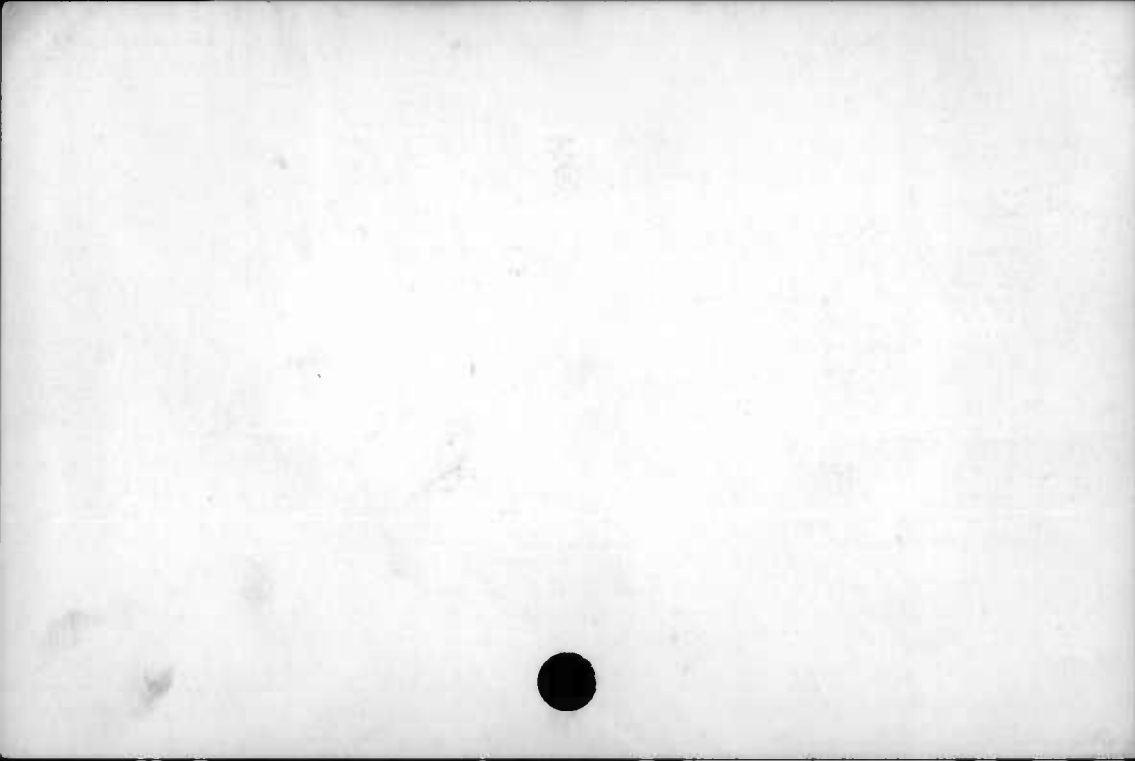
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharon</i> Town		<i>Harford</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>4th</i>	Years <i>68</i>	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co.</i>		
Occupation <i>Forgeman</i>			Where Residing if not at place of death <i>Sharon</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Ellen D. Hornberger</i>				
Father's Name <i>Geo. Hornberger</i>	Father's Birthplace <i>Sharon</i>				
Mother's Maiden Name <i>Ellen D. Thomas</i>	Mother's Birthplace <i>Sharon</i>				
Name of person giving information <i>C. E. Hornberger</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Hypertrophy, Angina pectoris</i>	How long <i>79</i> Years
Immediate <i>Anasarcia, Dexamia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Purnell D. Sappington</i>
	Address <i>Bel Air.</i>
Accident or Suicide?	



Name
in
Full

Catharine Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cardiff</u> ^{Town}		<u>Hartford</u> ^{County}		MARYLAND						
Date of death	1907	Month	6	Day	26	Age	56	Years	Month	Days
Sex	Female		Color or Race	white		Birth-place	Wales			
Occupation	House Keeper			Where Residing if not at place of death						
Married or Widowed				Name of Wife or Husband			Hugh M. Hughes			
Father's Name	Unknown			Father's Birthplace			Wales			
Mother's Maiden Name	Unknown			Mother's Birthplace			Wales			
Name of person giving information	Ed W. Hughes			How related to deceased			Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hepatic - Gall -</u> (113)	How long	1 yr.
Immediate	<u>Hepatic - Gall -</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. Warren Ramsay
		Address	Delta York Co Pa
Accident or Suicide?			

Slate Ridge

June. 28-07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Olivia Jane Johnson

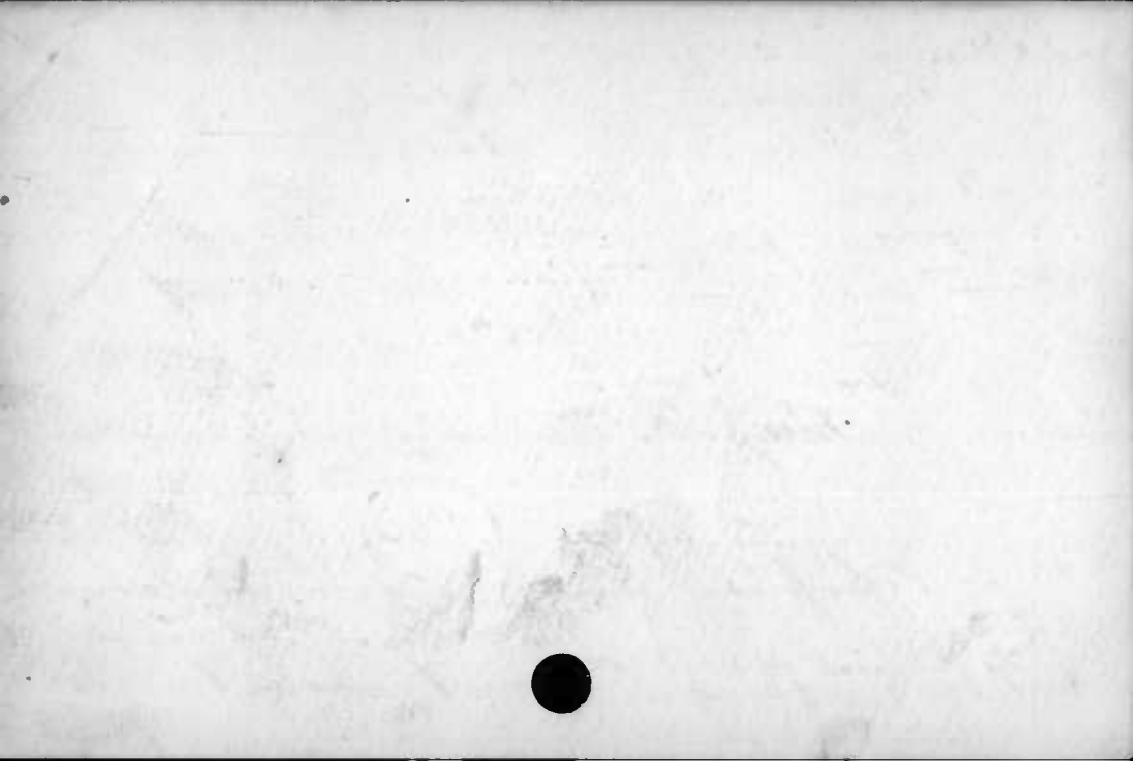
Died at <i>Near Pinebluff</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>6</i>	Day <i>12</i>	Age <i>47</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co</i>				
Occupation <i>Housekeep</i>			Where Residing if not at place of death <i>Near Pinebluff</i>				
Married, Single or Widowed		Name of Wife Husband <i>Benj S Johnson</i>					
Father's Name <i>Wm H Stansbury</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Delia Stansbury</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>Benj S Johnson</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>	How long <i>3 Wks</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Otis</i>
	Address <i>Perryman Md</i>
Accident or Suicide?	

120



Name
in
Full

CERTIFICATE OF DEATH

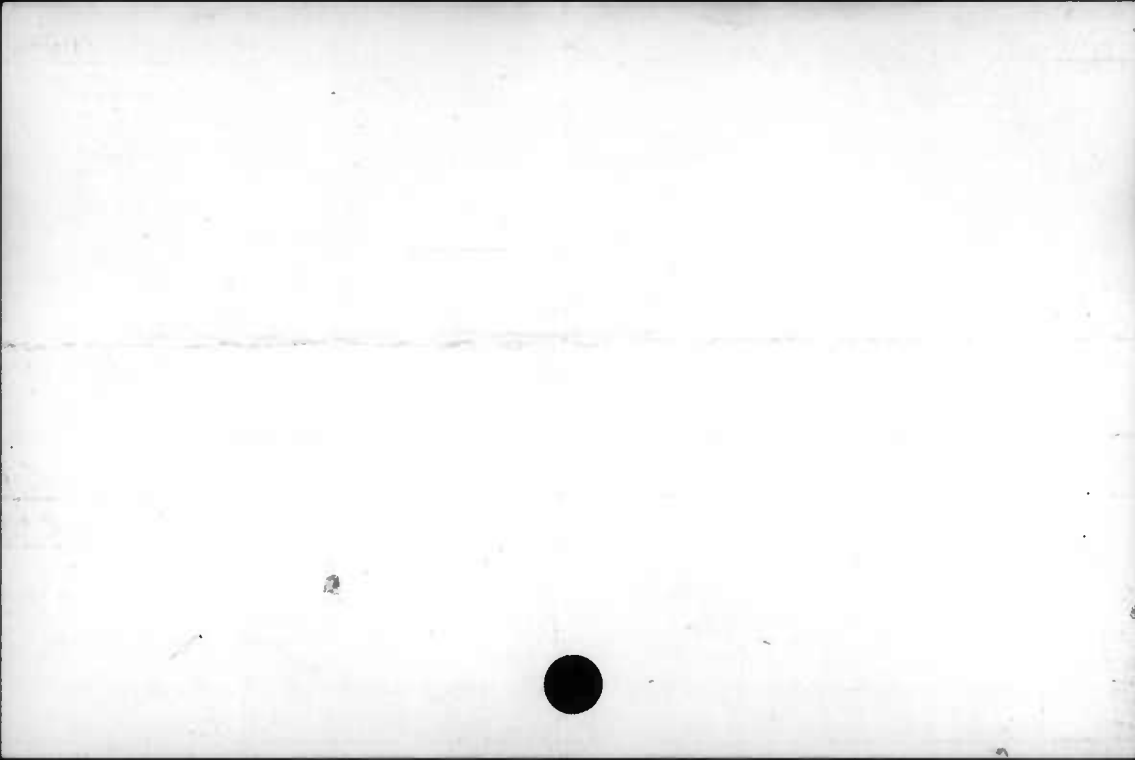
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah Kearney</i>		Town <i>Fallston</i>		County <i>Harford</i>		MARYLAND	
Died at <i>Fallston</i>		Month <i>June</i>		Day <i>9</i>		Age <i>about 65</i>	
Date of death <i>1907</i>		Year <i>June</i>		Months <i>9</i>		Days <i>about 65</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lreland</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Francis Kearney</i>					
Father's Name <i>Thomas Cushman</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving Information <i>Mrs J. F. Donnelly</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(64)		How long	
Immediate <i>Apoplexy</i>				How long <i>Sudden</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. W. Davis</i>		Address <i>Pleasantville</i>	
To the best of my knowledge & information					
Accident or Suicide?					



Name
in
Full

Margaret-L. Kelly

CERTIFICATE OF DEATH

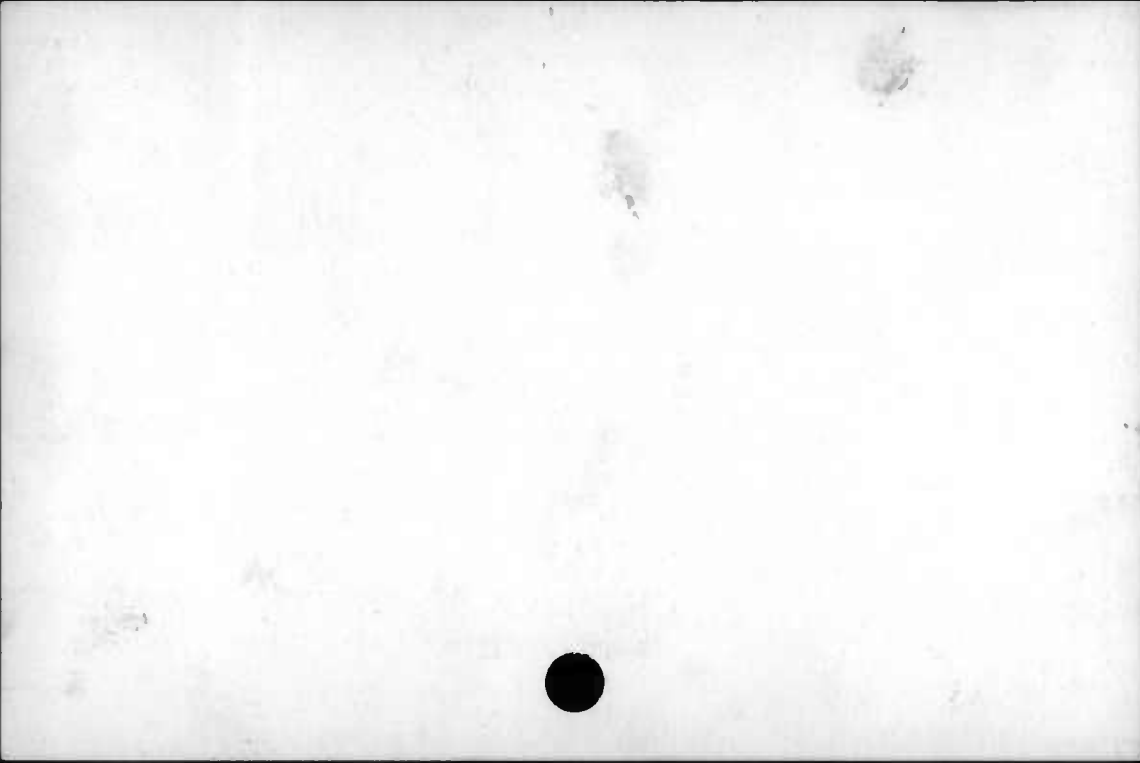
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baldwin</u> <small>Town</small>		<u>Baeford</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u> <small>Month</small> <u>June</u> <small>Day</small> <u>24</u>		Age <u>13</u> <small>Years</small>		<u>27</u> <small>Months</small> <u>27</u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>School Girl</u>		Where Residing if not at place of death <u>Maryland</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Joseph M. Kelly</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Sarah E. Lynch</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Joseph M. Kelly</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Sarcoma of Tibia</u> <u>(45)</u>	How long <u>Five Mo.</u>
Immediate <u>Sarcoma of Internal Organs</u>	How long <u>2 or 3 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. F. Bradley M.D.</u>
	Address <u>Garrettsville</u>
Accident or Suicide?	<u>Ind.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bradentown ^{County} Harford

Date of death 1907 June 17 Age 96 Months 8 Days 15

Sex Male Color or Race White Birth-place Bradentown

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Widowed Name of Wife or Husband Margaret Bradley Harriet Mickmon

Father's Name John Kirkwood Father's Birthplace Harford Co. Md.

Mother's Maiden Name Agnes Hope Mother's Birthplace " " "

Name of person giving information Rebecca Emily Kirkwood How related to deceased Niece

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

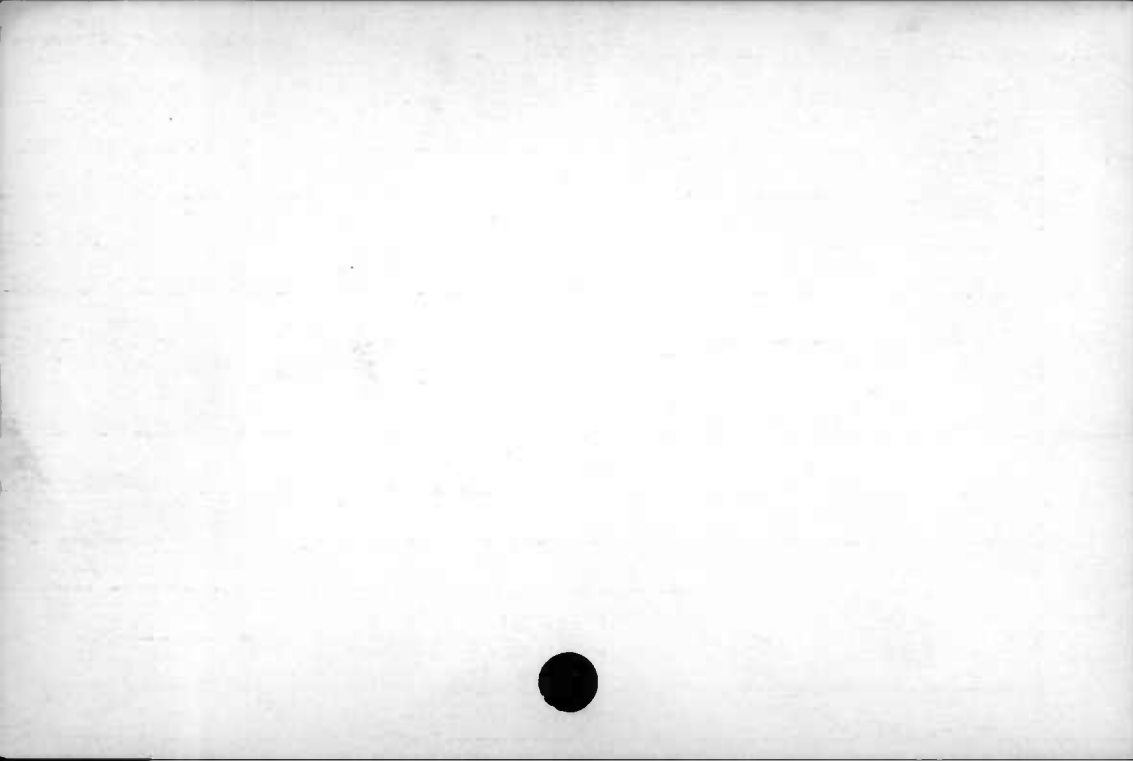
Primary Maladies incident to old age How long about 7 years

Immediate to old age How long 7 years

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. Millard Stirling

Address Shave and

Accident or Suicide?



Name
in
Full

William L. Lomper

CERTIFICATE OF DEATH

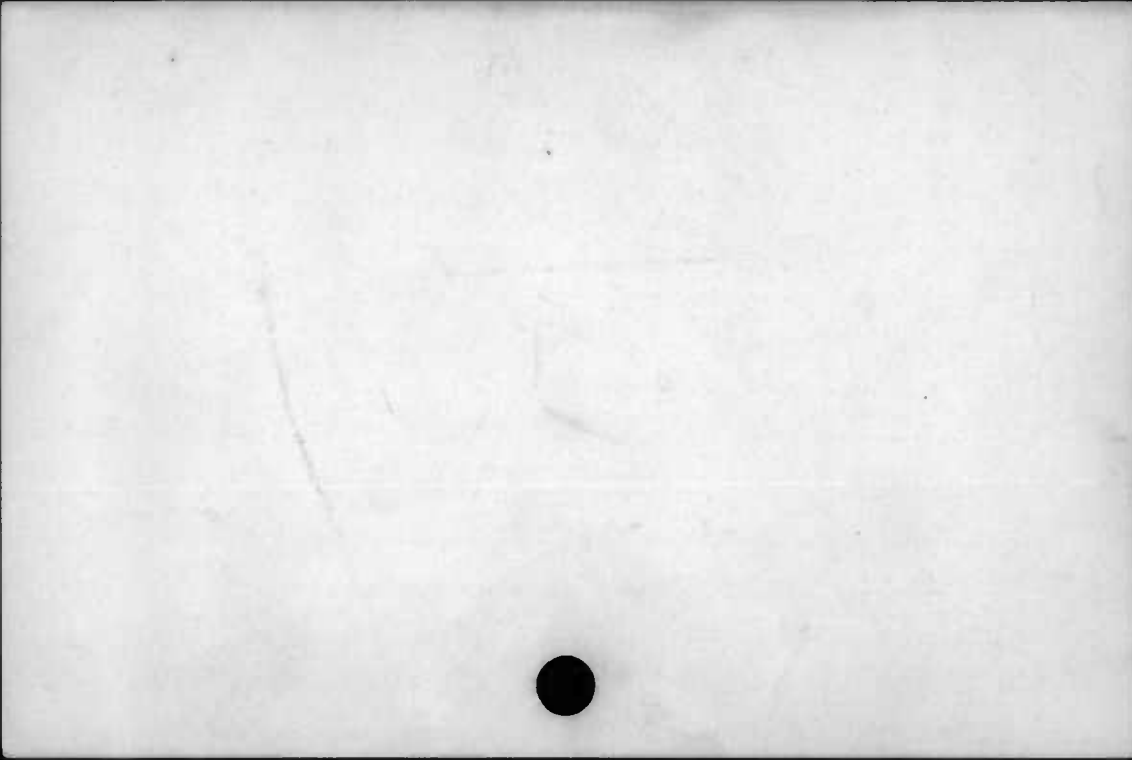
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Blayton</u> ^{Town}		<u>Hayfield</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	<u>6</u> ^{Month}	<u>16</u> ^{Day}	<u>78</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Barbara Lomper</u>				
Father's Name <u>William Lomper</u>	Father's Birthplace <u>Germany</u>		Mother's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Lomper</u>	Name of person giving information <u>Barbara Lomper</u>		How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cerebritis</u>	<u>60</u>	How long <u>18 days</u>
Immediate <u>Collapsus</u>		How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. Oppermann</u>	
	Address <u>Libingdon</u>	
Accident or Suicide? <u> </u>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Carra* Town *Harford* County

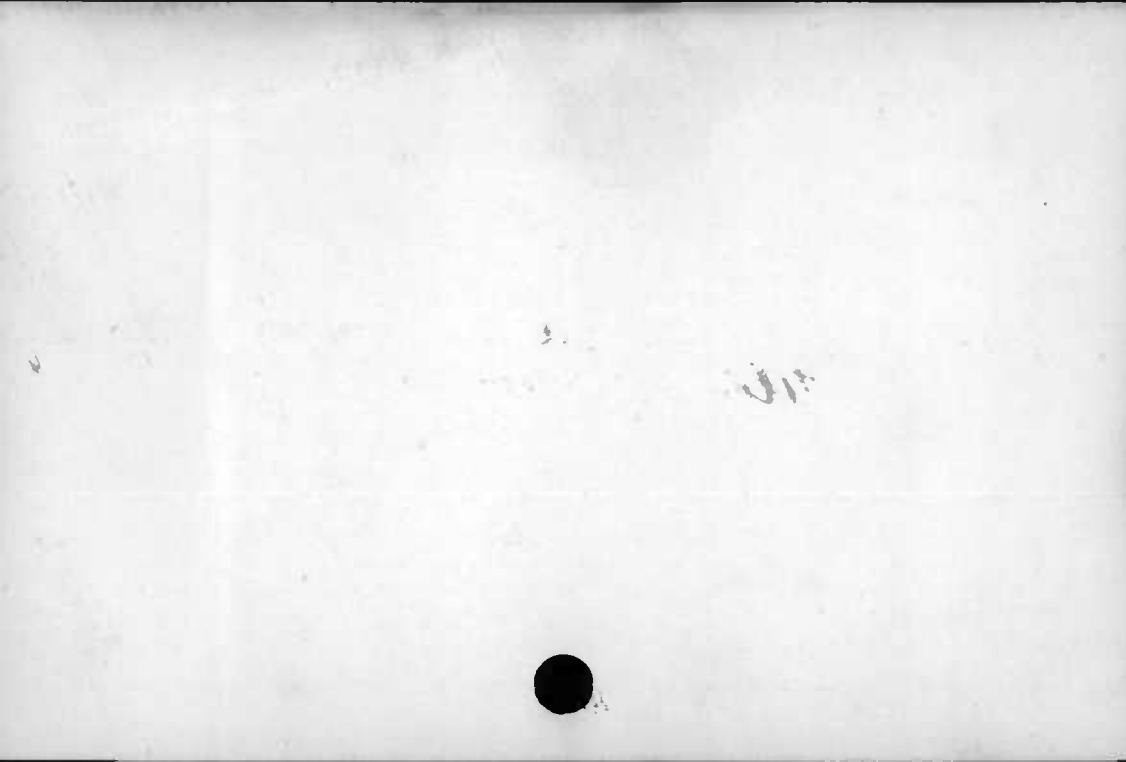
Date of death 1907 June 29 Age 52 Months 8 Days 17

Sex *Male* Color or Race *White* Birth-place *Hawn Grove, Pa.*Occupation *Farmer* Where Residing if not at place of deathMarried, Single or Widowed *Married* Name of Wife or Husband *Edith Jane*Father's Name *John S. McElwain* Father's Birthplace *Lancaster, Pa.*Mother's Maiden Name *Rebecca Webb* Mother's Birthplace *Hawn Grove, Pa.*Name of person giving information *Clifton McElwain* How related to deceased *Son*

CAUSES OF DEATH

Primary *Mitral Regurgitation with broken ^{valve} ^{comp.}* How long *79* yearsImmediate *Acute Bacterial Pneumonia & heart failure* How long *3 days*Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Chas. D. Schmick*Address *Stewartstown, Pa.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

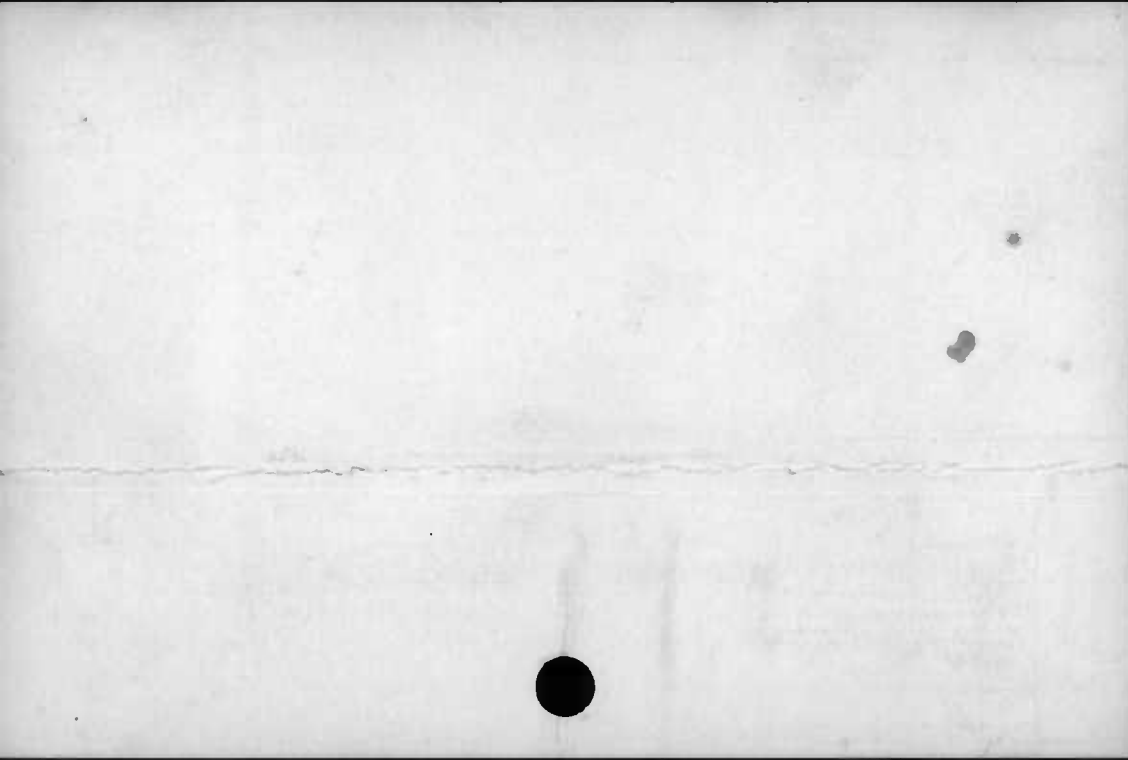
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berkley</u> <small>Town</small>		<u>Harford</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>June</u>	Day <u>25</u>	Age <u>30</u> <small>Years</small>	Months <u> </u> Days <u> </u>
Sex <u>Male</u>	Color or <u>rd</u> <small>Race</small>		Birth-place <u>Harford County</u>		
Occupation <u>Labourer</u>	Where Residing if not at place of death <u> </u>				
Married, <u>Single</u> or <u>Widowed</u>	Name of Wife or <u>Henrietta Webster</u> <small>Husband</small>				
Father's Name <u>Robert Mackall</u>	Father's Birthplace <u>Calvert County</u>				
Mother's Maiden Name <u>Mattilda Williamson</u>	Mother's Birthplace <u>Calvert County</u>				
Name of person giving information <u>Elisha Webster</u>	How related to deceased <u> </u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis hip</u>	How long <u>32</u> <u>6 mos</u>
Immediate <u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Ephraim Hopkins</u>
	Address <u>Darlington</u>
Accident or Suicide? <u> </u>	



Name
in
Full

Lana Archer Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{near} Bel Air ^{Town}Harford ^{County}

MARYLAND

Date
of death 1907 June20 ^{Day}Age 63 ^{Years}3 ^{Months}10 ^{Days}

Sex Female

Color or
Race

white

Birth-
place

local county

Occupation

Housekeeper

Where Residing if not
at place of death

near Bel Air

Married, Single
or Widowed

widow

Name of Wife or
Husband

E. J. B. Moore

Father's
Name

Frank Keithley

Father's
Birthplace

Harford Co Md

Mother's
Maiden Name

Emily Keithley

Mother's
Birthplace

Harford Co Md

Name of person giving
In formation

Josephine Moore

How related
to deceased

daughter

CAUSES OF DEATH

154

Primary

Senile debility

How long

14 years

Immediate

Heart failure

How long

1 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

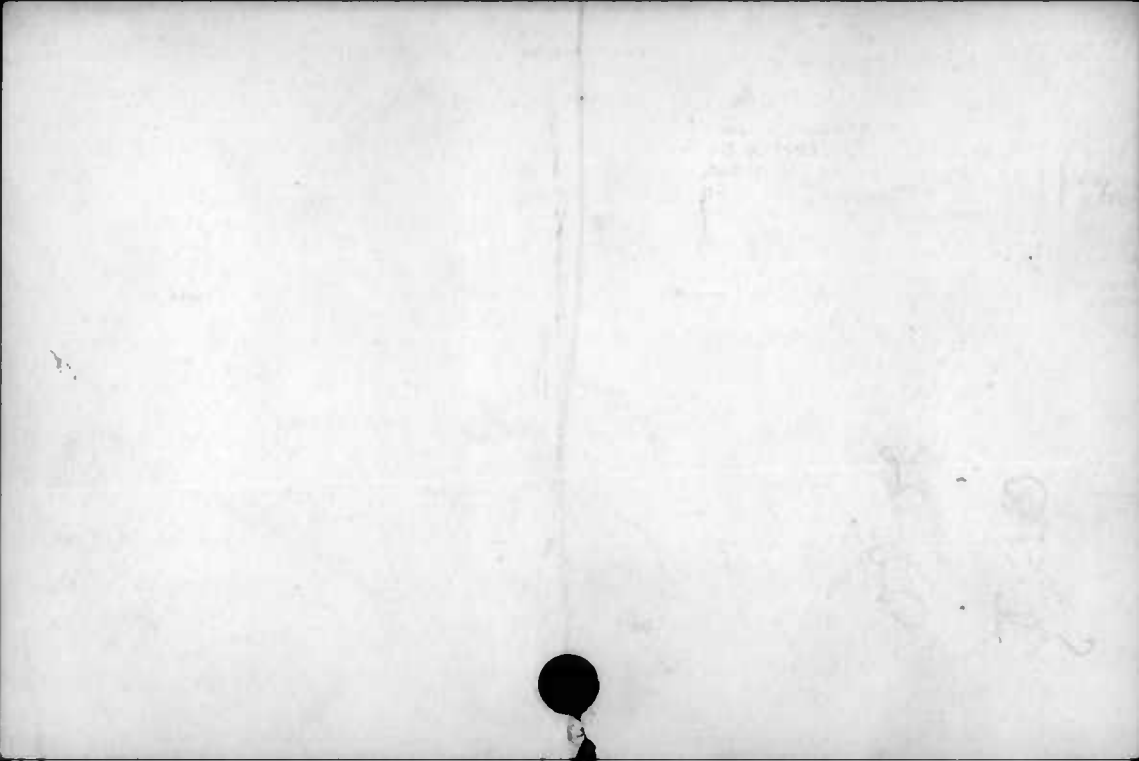
E. Hall Robinson

Address

Bel Air Md

Accident or Suicide?

—



Name
in
Full

Leah A Price

CERTIFICATE OF DEATH

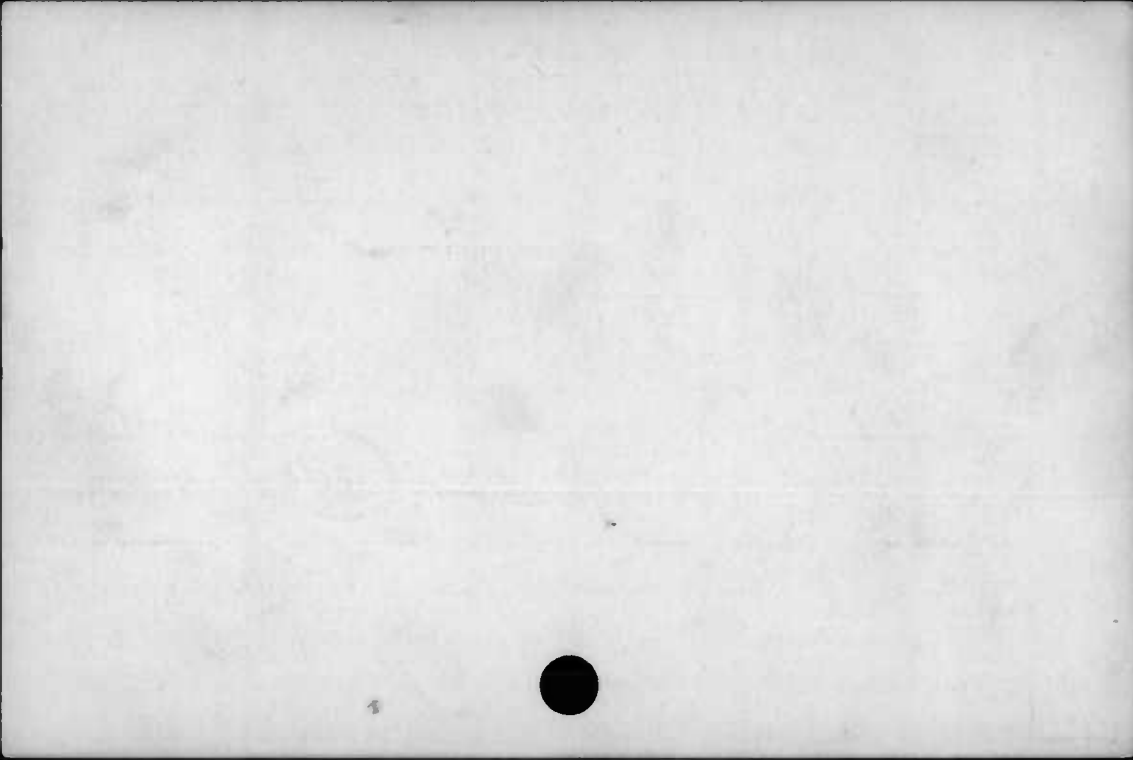
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Haverdrome		County Harford		MARYLAND	
Date of death	1907	Month June	Day 23	Age 85	Years	Months	Days
Sex	Female		Color or Race	White		Birth- place	Cecil Co.
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Husband	Highland Price			
Father's Name	J Price		Father's Birthplace	Kent Co.,			
Mother's Maiden Name	Glosby		Mother's Birthplace	Calverts, Md			
Name of person giving Information	Mrs Geo. Cloake		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(66)	How long
Immediate	Ischaemic	3 or 4 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		R H Smith M.D.
		Address
		Haverdrome
		Md
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Priscilla Rigdon

Died at *Prospect* Town *Harford* County *MARYLAND*

Date of death *1907* Month *June* Day *26* Age *78* Years Months *5* Days

Sex *Female* Color or Race *White* Birthplace *MD*

Occupation *House Keeping* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Widow* Name of Wife or Husband *Franklin Rigdon*

Father's Name *Stephen Starkie* Father's Birthplace *MD*

Mother's Maiden Name *Alida Jones* Mother's Birthplace *MD*

Name of person giving information *W. B. Rigdon* How related to deceased *Son*

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary *Valvular Heart* How long *2 yr.*

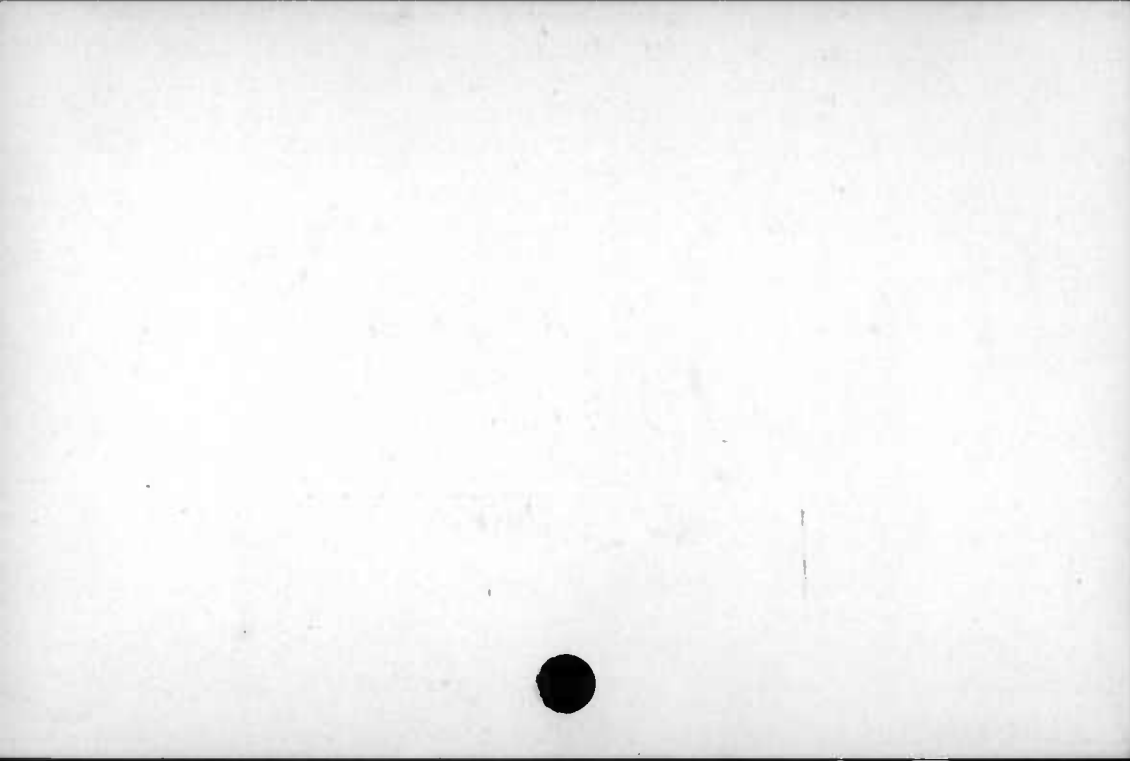
Immediate *Heart Failure* How long *immediate*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. E. Arthur*

Address *Bardiff MD*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

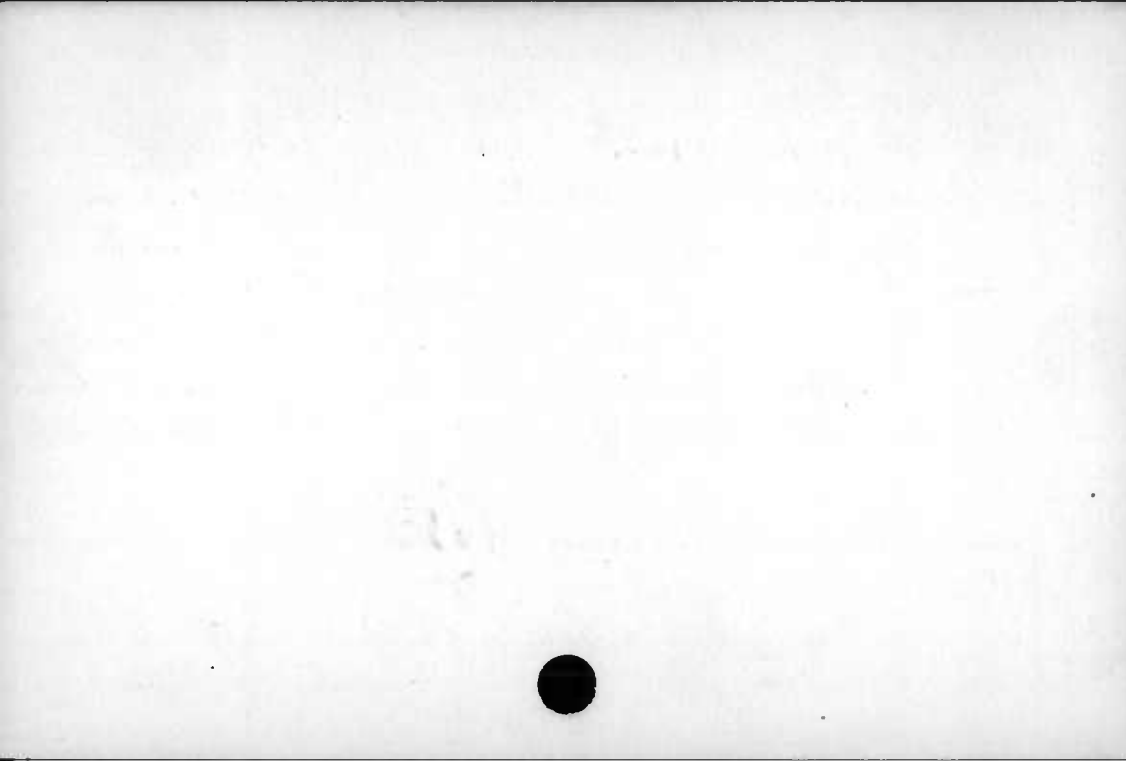
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Virginia H Whitaker		Town Forest Hill		County Harford		MARYLAND	
Died at near Forest Hill		Month June		Day 29 pm		Age 71	
Date of death 1907		Months 3		Years 22			
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation Housekeeping		Where Residing if not at place of death 					
Married, Single or Widowed Married		Name of Wife or Husband Joshua Whitaker					
Father's Name Samuel Walker		Father's Birthplace Virginia					
Mother's Maiden Name Jane Hargest		Mother's Birthplace Baltimore					
Name of person giving information Marion Whitaker		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(66)	How long
Immediate	Paralysis	How long 4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. H. Davis
To the best of my knowledge Accident or Suicide?		Address Pleasantville Md.



Name
in
Full

Barbara A Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Coopertown</u> Town		County <u>Harford</u>		MARYLAND	
Date of death	1907	Month <u>June</u>	Day <u>16</u>	Age <u>83</u> Years	Months <u>5</u> Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u>Housekeeping</u>			Where Residing if not at place of death <u>Germany</u>		
Married, Single or Widowed <u>Widowed</u>		Name of Wife or Husband <u>Christian Young</u>			
Father's Name <u>Madras Dahler</u>		Father's Birthplace <u>Germany</u> ^{Biern}			
Mother's Maiden Name <u>Not Known</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Christian Young</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Bright's Disease</u>	How long	<u>Several Months</u>
Immediate	<u>Exhaustion</u>	How long	<u>7</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>H. F. Bradley</u>	
		Address <u>Garrettsville Ind</u>	
Accident or Suicide? <u> </u>			

Burial at Salem E V Church
near Jarrettsville